CALIFORNIA FORM 700

STATEMENT OF ECONOMIC INTERESTS

Date Received

FEB 1 0 2010

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COUNTY CLERK and EX-OFFICIO CLERK BOARD OF SUPERVISORS SUTTER COUNTY

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
CLEVELAND, JR.	STANLEY	MARSHALL	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CC	ODE OPTIONAL: E-MAIL ADDRESS
		· · · · · · · · · · · · · · · · · · ·	
1. Office, Agency, or Court		4. Schedule Sum	ımary
Name of Office, Agency, or Court:		► Total number of page	ges 6
SUTTER COUNTY		including this cover	r page:
Division, Board, District, if applicable	:	► Check applicable so interests."	hedules or "No reportable
BOARD OF SUPERVISORS			rests on one or more of the
Your Position:		attached schedules:	rests on one or more or the
DISTRICT 2		Schedule A-1 Ye	es – schedule attached
If filing for multiple positions, list a position(s): (Attach a separate s		Investments (Less than 10	
Market of Fedo Beredellen in intercession	neet ii neecssary.)	Schedule A-2 X Ye	es - schedule attached
Agency: SEE ATTACHED LIST		Investments (10% or Great	nter Ownership)
		Schedule B X Ye	es - schedule attached
Position:		Real Property	
			es – schedule attached
2. Jurisdiction of Office (ch	eck at least one box)	Income, Loans, & Busin and Travel Payments)	ness Positions (Income Other than Gifts
☐ State		Schedule D	es – schedule attached
☑ County of SUTTER		Income - Gifts	someodie diddied
City of		Schedule E X Ye	es – schedule attached
Multi-County SUTTER, BUTTE		Income - Gifts - Travel	Payments
Other			-or-
2. Time of Chatamant in .		☐ No reportable inter	rests on any schedule
3. Type of Statement (Check			
Assuming Office/Initial Date:		5. Verification	
Annual: The period covered is Ja	nuary 1, 2009,	I have used all reason	nable diligence in preparing this
through December 31, 2009.			wed this statement and to the best
-or-	7 ib		ormation contained herein and in any
O The period covered is/ December 31, 2009.	, through	attached schedules is to	
Leaving Office Date Left:/_ (Check one)			f perjury under the laws of the State oregoing is true and correct.
O The period covered is January date of leaving office.	1, 2009, through the	Date Signed	0-10
-or-			
O The period covered is/ the date of leaving office.	, through	Sign	<u> </u>
Candidate Election Year:			

FORM 700 – ANNUAL STATEMENT January 1, 2009 – December 31, 2009

STANLEY CLEVELAND, JR.

Committee Member

Area 4 Agency on Aging
Gilsizer Drainage District
Housing Authority Commission
Sutter-Butte Flood Control Agency
Sutter-Yuba Substance Abuse Advisory Board
Yuba-Sutter Transit Authority

Committee Member - Alternate

Regional Waste Management Authority Sierra-Sacramento Valley EMS

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
LAIR POLITICAL PRACTICES COMMISSION
Name

STAN CLEVELAND

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
BECKY'S CUSTOM SEWING	THE CLEVELAND REVOCABLE LIVING TRUST
Name 868 FRANKLIN AVENUE, YUBA CITY, CA 95991 Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Name 868 FRANKLIN AVENUE, YUBA CITY, CA 95991 Address (Business Address Acceptable) Check one Starting Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY REPAIR & SEWING MANUFACTURING	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 · \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INVESTMENT Sole Proprietorship Partnership HUSBAND/WIFE Other YOUR BUSINESS POSITION	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION
▶ 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)
☐ \$0 - \$499	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
► 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Arrich a regulate sheet of processing) N/A	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attacks) supported before very) N/A
► 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	► 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☑ REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	868 FRANKLIN AVENUE, YUBA CITY, CA 95991 Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
	RESIDENCE
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other Other	Leasehold Other CO-TRUSTEE
Check box if additional schedules reporting investments or real property are attached	Yrs. remaining Check box if additional schedules reporting investments or real property are attached
Comments:	EDDC Form 700 (2009/2010) Sch A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name

.0	
STAN	CLEVELAND

STREET ADDRESS OR PRECISE LOCATION	STREET ADDRESS OR PRECISE LOCATION	
860 JEWELL AVENUE	1475 UPLAND	
CITY	CITY	
YUBA CITY, CA 95991	YUBA CITY, CA 95991	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 12 / 15 / 08 / / 09	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST	
☑ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust	
Leasehold Other	Leasehold Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
☐ \$0 · \$499 ☐ \$500 · \$1,000 ☒ \$1,001 · \$10,000	□ \$0 - \$499 🔀 \$500 - \$1,000 □ \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000	
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	
KATHERINE RYAN/SHENNEL THOMAS	MARLENE ARMSTRONG	
You are not required to report loans from commercial	lending institutions made in the lender's regular course	
of business on terms available to members of the put and loans received not in a lender's regular course of	blic without regard to your official status. Personal loans f business must be disclosed as follows:	
of business on terms available to members of the put and loans received not in a lender's regular course of	blic without regard to your official status. Personal loans	
of business on terms available to members of the put and loans received not in a lender's regular course of NAME OF LENDER*	blic without regard to your official status. Personal loans f business must be disclosed as follows:	
of business on terms available to members of the put	blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER*	
of business on terms available to members of the put and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable)	blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	
of business on terms available to members of the put and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	
of business on terms available to members of the put and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY. OF LENDER INTEREST RATE TERM (Months/Years)	blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	
of business on terms available to members of the put and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	
of business on terms available to members of the put and loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY. OF LENDER INTEREST RATE TERM (Months/Years)	blic without regard to your official status. Personal loans f business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM	
Name	
STAN CLEVELA	ND

► 1 INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
BECKY'S CUSTOM SEWING	WASHINGTON MUTUAL BANK
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
868 FRANKLIN AVENUE, YUBA CITY, CA 95991	PO BOX 2136, CHATSWORTH, CA 91313
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
SEWING REPAIR & MANUFACTURING	BANK
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
CO-OWNER	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S1,001 - \$10,000	⊠ \$500 - \$1,000 □ \$1,001 - \$10,000
	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
□ Selo of	
Sale of(Property, car, boat, etc.)	Sale of (Property, car, boel, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other INTEREST INCOME
(Describe)	(Describe)
> 3 LOANS DECEMED OF OUTSTANDING DUDING THE DEPOSTING DED	NO.
► 2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
You are not required to report loans from commercial of a retail installment or credit card transaction, made	I lending institutions, or any indebtedness created as part
	your official status. Personal loans and loans received
not in a lender's regular course of business must be	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
AÜ (Business Address Acceptable)	%
NO THE ST (DUSTNESS ACCEPTABLE)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BUSINESS ACTIVITY, IF AINT, OF LENDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 · \$1,000	Cay
\$1,001 - \$10,000	Guarantor
\$10,001 · \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE	▶ NAME OF SOURCE
CALIFORNIA STATE ASSOCIATION OF COUNTIES	That of Sounce
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1100 K STREET, SUITE 101	Abdites (besides violes)
CITY AND STATE	CITY AND STATE
SACRAMENTO, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01 / 01 / 09 - 12 / 31 / 09 AMT: 5 124.83	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income	TYPE OF PAYMENT: (must check one) Gift Income
MEAL EXPENSES RELATED TO ATTENDING DINNER AT NACO CONFERENCE 3/7/10	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):/
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	